

OCT 3 11 2006

October 20, 2006

LA-312

Patricia N. Daniels
Director, Supplemental Food Programs Division
Food and Nutrition Service
USDA
3101 Park Center Drive
Room 528
Alexandria, VA 22302

Dear Ms. Daniels:

I am writing because I have some major concerns about the new WIC food package proposal. When the WIC program started it was based on the experience of the Montreal Dietary Dispensary which gave a quart of milk, an egg and an orange daily to pregnant women. The results were overwhelmingly positive in birth outcomes. At that point WIC missed the fact that it was folate in the orange not vitamin C that was so important.

However we do have two great sources of folic acid in our current food package in the form of orange juice and peanut butter. Currently the amount of orange juice we can give is 8 oz./day. With all the hype about too much juice, we are losing sight of how important OJ is to the diet. I am all for getting rid of the other kinds of juices, but I would like to see OJ as one of the choices with fruits and veggies and not be cut back from current amount.

Our current package of an egg a day is very important to pregnant woman. Personally, I do not hear of toxemia among our pregnant women and feel that the eggs and milk are a large part of that. Peanut butter is not only a source of protein, but also a source of folic acid and it is well liked by children. There are a lot of peanut allergies these days, but in my 13 years at WIC, I only have had 1 peanut allergy among clients I've seen. Could it be that when we give pregnant moms peanut butter, it desensitizes the children in utero. (Wish some one could do some research on that.)

As for milk, the research is overwhelming about the benefits of milk, from preventing osteoporosis, to lowering blood pressure and helping with weight control. I've even seen some preliminary studies that suggest it may prevent colon and breast cancers. Unfortunately society is not drinking milk the way it did when I was growing up. The WIC clients are fortunate to get milk and may be the largest group to keep this health benefit going. A scary thought is what will parents give in place of the milk, after all soda is much cheaper. Also, what will happen when we lower the demand for this important food and then farmers go out of business? It will be too late to get a supply backup that is so important to everyone.


Personally I would like to see more fruits and veggies added as an expansion to the farm to family program. When we first started the program we were giving the coupons out to any one who had a WIC appointment. Our redemption rate was not that high. Now, where people have to come pick them up at an educational activity, we see a much better redemption rate, which leads me to believe that not everyone is going to use the veggies. There is also a concern about giving out food that can cause ecoli. With farmers markets you are dealing with local produce.

The WIC Food Package Proposed Rule offers the most significant change to the food package since the Program's inception in 1974. My gut reaction is, if it's not broken don't fix it. We know that the WIC program has paid for itself in lower Medicaid costs.

Currently, WIC serves more than 16,000 women, infants and children in Vermont. More than half of all infants and 40% of all children under 5 in Vermont participate in WIC. The old food packages, along with nutrition education, can continue to help our families establish healthy eating habits – a key to preventing obesity, diabetes and heart disease.

I urge USDA **NOT** to finalize the rule and to proceed more slowly. This is my own opinion and not one shared by management in the Vermont WIC program.

Sincerely,



Kathleen Eagan, RD., CLC.
Public Health Nutritionist
1193 North Ave.
Burlington VT. 05401

OCT 31 2006



Medical and Health Research Association of New York City, Inc.

Promoting the Health of the Community Since 1957

October 31, 2006

Patricia N. Daniels,
Director Supplemental Food Programs Division
Food and Nutrition Service,
U.S. Department of Agriculture
3101 Park Center Drive, Room 528
Alexandria, Virginia 22302

LA-317

Dear Ms. Daniels:

Enclosed please find comments from the Medical and Health Research Association of NYC, Inc. on the Proposed WIC Food Package Rule.

MHRA is one of 100 WIC local agencies in New York State and serves over 45,000 women, infants and children at 14 locations throughout New York City. We appreciate this opportunity to offer our comments on this very important proposed rule.

Sincerely,

A handwritten signature in black ink, appearing to read 'Claire Thérour Oliver'.

Claire Thérour Oliver
Vice President, Public Health Programs

C: Kathy Carpenter
Mary Ann Chiasson
Justine Dang
Viola Ford
Ellen Rautenberg

Medical and Health Research Association of NYC, Inc.

Comments on Proposed WIC Food Package Rule

Breastfeeding

Introducing formula feeding in the first month of life is known to interfere with the establishment of a good milk supply and also with the infant's ability to successfully nurse at the breast. Nevertheless, we have serious misgivings about the rigidity of the proposed rule concerning the food packages for breastfeeding infants (Federal Register pps 44790-44791.) We are concerned that forcing the decision on new mothers to declare themselves fully breastfeeding or fully formula feeding will actually discourage women who are first-time mothers and/or who lack confidence in their abilities to breastfeed, if not from breastfeeding itself, then from identifying themselves as breastfeeding mothers, thus depriving us of the opportunity to give them the information and support they require. We support allowing the CPA more discretion in prescribing formula during this time period.

Since peer counseling programs have been shown to increase both the incidence and duration of breastfeeding, any changes in the current breastfeeding package should be accompanied by adequate funding of state peer counseling programs. In our agency, breastfeeding initiation rates have climbed from 51% to 76% since we started our peer counseling program. Our efforts in promoting exclusive breastfeeding and increasing duration, however, are seriously hampered by the inadequacy of funding for our peer counseling program.

Whole Grain Bread

We support the concerns of vendors that specifying the bread allowance by weight rather than by unit (loaf) would impose a requirement on their automated systems that they would not be able to meet. We support changing the allowance to 1 to 2 loaves of bread rather than pounds. (Federal Register, p. 44801, Section K.)

Soy Beverages/Tofu

While many participants do express a preference for soy-based products over dairy foods, we have serious reservations that there are actually soy products commercially available that meet the USDA nutritional guidelines. Adoption of this part of the proposed rule would lead to much confusion among both participants and vendors. We suggest that this part of the proposal be held in abeyance until products are identified that meet the standard or that states be given discretion

in choosing and/or allowing products in this class of food. (Federal Register, P.44800, 44801.

Uneven Issuance of Powdered Formula

As a local agency, we have deep concerns about the proposed pattern of formula issuance based on age and feeding method. We urge that this matter be rethought with the goal of providing consistent monthly distribution of formula to avoid confusing participants and vendors. The proposed rule will also place a great burden on existing automated systems and on local agency staff in such areas as education, package changes, and re-issuance of formula. (Federal Register p. 44794.)

Canned Fish

We have concerns over the choices that are being proposed. Allowing salmon and sardines does widen participant choice and, theoretically at least, may lower the participant's exposure to the mercury in tuna. It can be argued, however, that tuna will remain the fish of choice for many women who do not care for salmon or sardines and that the amount of fish being proposed could, therefore, lead to higher than recommended amounts of mercury being ingested by the breastfeeding woman. We suggest that one or more of the following solutions be adopted: that the amount of fish allowed be lowered to 24 ounces per month; that tuna itself be restricted to 3 cans per month; and/or that the choices be expanded to include, for example, canned chicken.

Special Needs Food Package

We support the need to more clearly define the conditions under which special formulas are made available to participants and we also support making additional foods available to better support health and healing and to help participants with temporary medical conditions move towards a diet of natural and minimally processed foods. Requiring medical approval for each and every supplemental food will, however, impose a serious burden on both the local agency and the participant. Thus, we support allowing states the option to work with local agencies on how best to implement this process.

Low-fat Milk

We generally support the proposal to eliminate whole milk for participants over the age of 2. Indeed, it could be argued that allowing only non-fat or 1% milks better supports the various state and federal health initiatives. Taste tests have confirmed that many people cannot tell the difference between 1% and 2% milks.

We suggest that USDA consider making nonfat or 1% the standard for participants over the age of 2.

Fruits and Vegetables

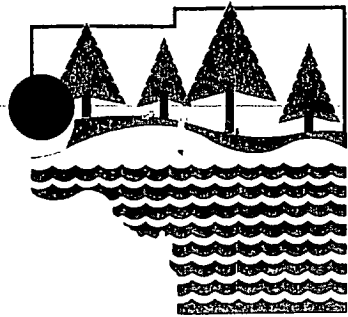
The proposed amounts (\$6 for a child, \$8 for a woman) seem too small to support the current recommendations for fruit and vegetable consumption. We urge reconsideration of the IOM's higher amounts (\$8 and \$10.) In addition, many areas, both rural and urban, may present limited access to fruits and vegetables. We suggest that USDA consider an incentive program to encourage smaller stores to carry more fresh produce.

Peanut Butter

In light of the apparent increase in peanut allergy among young children and the seriousness of this allergy, we suggest that this food not be made available until the child is at least 3 years old.

Restrictions on Formula for Breastfeeding Mothers

Under welfare reform, many women must return to work soon after their baby is born. Many of these workplaces will not be breastfeeding friendly. We suggest a more liberal approach to the issue of formula in these situations.



ITASCA COUNTY HEALTH AND HUMAN SERVICES

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NOV - 1 2006

October 27, 2006

LA-321

Patricia N. Daniels
Director, Supplemental Food Programs Division
Food and Nutrition Service
USDA
3101 Park Center Drive
Room 528
Alexandria, VA 22302

RE: "Docket ID Number 0584-AD77, WIC Food Package Rule

Dear Ms. Daniels:

Itasca County Health and Human Services strongly and enthusiastically supports the USDA issued proposed rule governing the WIC Food Packages published in the Federal Register on August 7, 2006.

We operate a rural WIC program and these changes which are grounded in sound science will greatly improve the nutritional health of our WIC clients.

We look forward to implement these changes in the spring of 2007.

Thank you.

Sincerely,

Ruth Pierce
WIC Coordinator
Itasca County Health and Human Services
1209 SE 2nd Avenue
Grand Rapids, MN 55744

OCT 3 0 2006

Patricia N. Daniels, Director, Supplemental Food
Program Division, food & Nutrition Service, USDA
3101 Park Center Dr. Room 528
Virginia 22302

LA-383

October 12, 2006

Dear Ms. Daniels:

My main concern with the proposed changes concern breastfeeding mothers. If a new mother has something go wrong that is totally out of her control such as an illness to herself or to her baby or a host of other possibilities, WIC is in effect punishing her for **not** being a successful breastfeeding mother. This may inadvertently discourage other mothers from even trying to breastfeed their babies or this same mother from trying again, in the future. In my experience, nursing can be a confidence issue for new or young mothers who are not sure they can successfully provide food for their babies, and to not provide any formula at **all to mothers breastfeeding or not** is the only really fair way to discourage formula use in the first month, not target nursing mothers.

We are working so hard to promote breastfeeding, we don't want to go backwards and "shoot ourselves in the foot". Many mothers already feel like a failure if they have problems or have to stop nursing, to punish them further is simply not fair. Thank you for your time and consideration.

Sincerely,

Brenda Kavali

Brenda Kavali, LD,

MON VALLEY COMMUNITY HEALTH SERVICES, INC.

NOV - 1 2006

● Mon Valley Community Health Center

● Eastgate 8, Monessen, PA 15062-1399

724/684-9000

October 31, 2006

Patricia N. Daniels
Director, Supplemental Food Programs Division
Food and nutrition Service
USDA
3101 Park Center Drive
Room 528
Alexandria, VA 22302

LA-384

RE: "Docket ID Number 0584-AD77, WIC Food Packages Rule

Dear Ms. Daniels:

The Mon Valley Community Health Services, Inc. - WIC Program strongly supports the USDA issued proposed rule governing the WIC Food Packages published in the Federal Register on August 7, 2006.

The revisions are in accordance with the *2005 Dietary Guidelines for Americans*, with American Academy of Pediatrics guidelines, and with the Institute of Medicine's report, "WIC Food Packages: Time for a Change." Improving the consistency between the supplemental foods that we provide and the recommendations that we make clarifies the health and nutrition messages we deliver through WIC and will certainly enhance our educational efforts with our clients.

Several recommendations have been made by the National WIC Association, and our local agency fully supports their recommendations. Mon Valley Community Health Services, Inc. - WIC did have two additional concerns regarding the proposed infant food packages.

One concern expressed by the staff of our local agency involves the full formula infant package. We agree that the size of the formula package should vary, depending on the age of the infant. Infant needs change over the course of the first year. However, in the proposed food package, the percentage of the WIC recommendations for formula met by the food package changes throughout the year (please see attached table). Our minimum recommendations are met or exceeded during the first five months but drops significantly after five months of age, when baby foods are added.

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WIC PROGRAM OF
WESTMORELAND
COUNTY

MON VALLEY COMMUNITY HEALTH SERVICES, INC.

● Mon Valley Community Health Center

● Eastgate 8, Monessen, PA 15062-1399

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Our concern is that the WIC recommendations for formula will not be followed once the amount of formula needed relative to the amount provided begins to drop significantly. Too much formula may be replaced with whole milk or solid foods; or those foods may be added earlier than recommended, regardless of our educational efforts.

We understand that the WIC Program is a supplemental program, and that funding does not allow us to provide all the formula that every WIC family will need. We also fully support the addition of baby food fruits and vegetables to the food package at six months of age. However, if the addition of baby food results in a reduction in the amount of formula provided, we feel that maintaining the amount of formula provided would be of greater benefit to our participants.

Our second concern also involves the provision of baby foods for infants. We agree that breastfeeding promotion is an important part of our responsibility to our clients, and we support incentives to promote breastfeeding. However, we feel that incentives should be targeted toward the mother's needs. We do not feel that the infant's food package should be used as an incentive for a mother to continue breastfeeding. The infant's food package should be based on the infant's nutritional needs. Because a breastfeeding infant has higher iron and zinc needs, it seems reasonable that meats be provided to a breastfeeding infant but not to a formula fed infant. However, if the only reason for providing more fruits and vegetables to a breastfeeding infant than to a formula fed infant is to reward the mother for breastfeeding, we do not support that difference. We also feel that additional baby foods will have little impact on a mother's decision to continue breastfeeding.

We thank you for considering the comments of the state and local WIC agencies, and we appreciate the USDA's commitment to the needs of the participants that we serve.

Sincerely,



Brenda Sullivan
Nutrition Education Coordinator
Mon Valley Community Health Services, Inc. - WIC Program

MON VALLEY COMMUNITY HEALTH SERVICES, INC.

● Mon Valley Community Health Center

● Eastgate 8, Monessen, PA 15062-1399

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Formula Amounts in the Proposed WIC Food Package Rule.

Age of Infant (mos)	Proposed Food Package		WIC Recommendations	
	# of Cans Conc	Amt / day (oz)	Amt / day (oz)*	% of Rec
0 - 1	31	26	16	163
1 - 2	31	26	22	118
3	31	26	26	100
4 - 5	34	28.5	28	114
6	24	20	28	71
7 - 12	24	20	24	83

* PA Department of Health. First Foods for Your Baby: Birth to 6 Months. August, 2005.

PA Department of Health. First Foods for Your Baby: 7 to 12 Months. April, 2005. Low point of recommended range is reported.

NOV 03 2006

To: Ms. Patricia N. Daniels, Director
Supplemental Food Programs Division
USDA Food and Nutrition Services
3101 Park Center Drive, Room 528
Alexandria, VA 22302

LA-386

E-mail: wichq-sfpd@fns.usda.gov

Re: Docket ID # 0584-AD77, WIC Food Packages Rule

November 3, 2006

Dear Ms. Daniels,

I am pleased to support the proposed changes in the WIC Food Packages that are consistent with the *2005 Dietary Guidelines for Americans* and align with the American Academy of Pediatrics infant feeding recommendations:

- add fruits and vegetables, and whole grain products to the food packages for the first time,
- reduce the amount of certain foods (milk, cheese, eggs, and juice) in order to align with the *Guidelines*,
- provide stronger incentives for continued breastfeeding by providing less formula to partially breastfed infants and providing additional quantities/types of food for breastfeeding mothers,
- replace juice for infants with infant food fruits and vegetables starting at six months, and
- provide lower fat milk for children over 2 years and adults.

These changes, when implemented, will strengthen the WIC program's ability to improve the nutrition and health status of millions of families.

Sincerely,

Pamela Nixon

Pamela Nixon
WIC Nutrition Assistant

plum county CA Quincy CA

NOV - 3 2006

Ms. Patricia Daniels, Director
Supplemental Food Programs Divisions
Food and Nutrition Service
USDA
3101 Park Center Drive
Room 528
Alexandria, VA 22302

LA-397

RE: Docket ID Number 0584-AD77, WIC Food Package Rule

Dear Ms. Daniels:

I want to start by thanking you for the important work you and your staff are doing in relation to the new proposed WIC food packages. I believe they are bold and are keeping with the dietary guidelines to correctly position the program to address the current nutritional concerns facing our population.

I do want to recommend a few modest changes that I think will strengthen the final food package.

Inclusion of Fruits and Vegetables

1. I am most excited about the proposal to include fruits and vegetables in the new WIC food packages. Cash value vouchers are the best way to implement the inclusion of fruits and vegetables in the food package. **I strongly urge that the value of the fruit and vegetable benefit be indexed for inflation.** This would preserve the nutritional value of the food package even during times when there is pressure to cut costs.
2. Increase the value of the cash value coupons for Breastfeeding women to \$10. I believe this will better address the nutritional need of the Breastfeeding woman and will make the value of the package more attractive to the participant.

Implementation of the Proposed Infant Feeding Options

1. I firmly believe that Breastfeeding is the optimal means for feeding most infants. I endorse the principles behind the proposed infant feeding options. I am concerned that if we take too rigid of an approach with an all or nothing choice of formula in the early post partum days we may inadvertently encourage formula feeding among mothers who are experiencing difficulties. **I believe that the CPA should proportionately tailor the breastfeeding mother's package to the baby's package or we should institute a policy where formula is not issued to ANY baby during the first month.**

2. I am pleased to see the inclusion of baby food fruits, vegetables and meats as well as the proposal authorizing rounding up to the next whole container of infant foods. I believe this allows the maximum nutritional benefit to be issued to participants. However, it does create a concern with issuing varying numbers of containers of infant formula and baby foods from month to month. I am fearful that this will create confusion for both participants and staff.

Inclusion of Whole Grains

1. I support the inclusion of whole grains to the food package, however we do recommend that a special wheat and gluten free food package be developed. I also recommend that "loaf" be the package size for purchase rather than "pound". It is difficult to find one "pound" of bread.

Food Packages for Participants with Special Needs

1. I request that the requirement for medical documentation for the provision of foods in addition to special formulas for participants with special needs be revisited. The documentation requirements will be a burden for our medical providers and translate into poor public relations with the medical community. It will also serve as a barrier to clients which will result in frustration. The burden this will cause is not balanced by any benefit to the participant. If a medical provider does not feel the foods are appropriate, I would suggest that the food package could be tailored to exclude those foods at parent, participant or medical provider request.

Thank you for this opportunity to comment on the proposed changes to the WIC Food Package. Because I believe this will have such a positive impact on participants, I encourage USDA to issue a final rule by April 2007.

Sincerely,



AmyLyn K. Blodgett MPA, RD, CLC
WIC Program Coordinator and Concerned Taxpayer

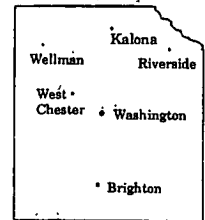
NOV - 3 2006

November 2, 2006

Patricia N. Daniels
Director, Supplemental Food Programs Division
Food and Nutrition Service
USDA
3101 Park Center Drive
Room 528
Alexandria, VA 22302

LA-402

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RE: "Docket ID Number 0584-AD77, WIC Food Packages Rule

Dear Ms. Daniels:

I am writing to express my support for the proposed rule to change the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) food packages. I am the Administrator and Project Director of the Washington County Public Health agency, which subcontracts with Johnson County WIC for services provided to residents of Washington County, Iowa.

I believe the changes reflected in the proposed rule are consistent with the 2005 *Dietary Guidelines for Americans* and national nutrition guidance including those from the American Academy of Pediatrics. These changes will promote a healthier lifestyle to a population of low-income people with medical and nutritional risks while reflecting cultural sensitivity and greater variety of food choices. This can only lead to a reduction in chronic diseases and increase overall health.

Since the proposed rule is still in the deliberation stage, I request that you take the following comments and recommendations into consideration:

- The food package for partially breastfeeding women should not be piloted. This testing period could last three years and delaying the implementation of this package will result in many women choosing to formula feed. Fully breastfeeding, partially breastfeeding and fully formula feeding women's food package changes should be implemented concurrently.
- A restriction of any formula during the infant's first month for women who try to exclusively breastfeed may cause anxiety for some of these women which would lead to no attempt to breastfeed at all. While the spirit of the proposed rule is to promote breastfeeding, the opposite effect may result. I would suggest the option to provide at least one can of formula during this time following consultation with a WIC dietitian, and ideally additional formula at the dietitian's discretion.

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- In the same way, the proposed restrictions of formula amounts offered to partially breastfed infants does not take into account the difficulty their mothers may have finding an appropriate place to express milk upon returning to school or work. The formula quantities in the proposed rule would provide 12 oz, 14.5 oz, and 10 oz per day based on the three food packages which would most likely not be sufficient in light of limited amounts of expressed milk obtained during the workday. Again, the amount of supplemental formula should be at the discretion of the WIC dietitian. Partially breastfeeding mothers should be allowed to receive WIC benefits throughout the infant's first year.
- I have a concern that the proposed rounding methodology for infant formula is too complicated and would not be administratively feasible. Formula container sizes change, new formula products are developed while others discontinue, and clients present formula prescription changes. These situations make the rounding method cost-prohibitive. In addition, the proposed rounding methodology will result in varying the number of formula cans the infant receives over a series of months. This will lead to confusion and potential claims of discrimination.
- The decrease in the amount of milk provided in all food packages is acceptable. However, there should not be a steadfast restriction against whole milk for children two years of age and older. There are certain circumstances in which whole milk would be recommended (e.g. small stature three year old requiring increased calories) and this decision is best left to the WIC dietitian.
- Currently, there are no calcium-fortified soy-based beverages on the market that meet the proposed protein and potassium standards. Minimum standards of 6.25 grams of protein and 250 milligrams of potassium per 8 ounce serving should accommodate this. While the milk substitutions proposed are desirable there is no need to require medical documentation for children in order to issue those foods to them. Medical documentation would place a burden on local health care providers since registered dietitians do not have prescriptive authority.
- The introduction of providing vegetables and fruits through WIC is excellent. I would encourage you to increase the dollar amount provided to fully breastfeeding women to \$10 to provide further incentive and support for breastfeeding. The dollar denomination of the cash-value vouchers and the minimum vendor stocking requirements should be determined by the states. This will better ensure accessibility, cultural appropriateness, and affordability of produce. Furthermore, participants should be able to pay for any excess costs for fruits and vegetables beyond the value of the cash-value vouchers to avoid stigma and maximize efficiency at the grocery check-out.
- The whole grains component and decreased amount of juice are also excellent proposals. However, please take into account the feasibility of obtaining these foods at the market. Loaves of whole grain bread generally weigh more than one pound. I would recommend allowing up to 24 ounces per loaf of bread. WIC-approved juices are available mostly in 46 oz or 64 oz containers with limited varieties in 32 oz containers. The proposed 128 oz of

juice does not efficiently divide well with 46 oz or 64 oz containers. I would suggest a 144 oz juice allotment for Food Package IV.

- The addition of canned beans, canned low-mercury fish and jarred baby food show great insight into the WIC population's needs and are excellent additions to the food packages. Considering that many infants are eating table foods by 9 months, it may be more practical to offer jarred foods at 6 – 8.9 months and the choice of fruit and vegetable cash-vouchers or jarred foods at 9 – 11.9 months. Jarred meats can be retained for exclusively breastfeeding infants along with fruit and vegetable cash-vouchers.

I appreciate the opportunity to share my comments and recommendations with you regarding the proposed rule.

Sincerely,

Edie Nebel, Public Health Administrator
Maternal Child Health Project Director



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November 2, 2006

Ms. Patricia N. Daniels, Director
Supplemental Food Programs Division
Food and Nutrition Services
U.S. Department of Agriculture
3101 Park Center Drive, Room 528
Alexandria, Virginia 22302

**Re: Comments on WIC Food Packages Proposed Rule,
Docket ID Number 0584-AD77.**

Dear Ms. Daniels,

On behalf of Community Medical Center, Inc., which provides WIC and primary health care services to communities in need, we are excited to express our support of the proposed changes to the WIC food packages. We endorse the Department for proposing important changes to WIC that are consistent with the *2005 Dietary Guidelines for Americans* and align with the American Academy of Pediatrics infant feeding recommendations.

When WIC emerged in the 1970's, there was a great need to assist the majority of children who were then under weight. Now, 30 years later, our nation's needs have changed. With these proposed changes, we believe that our WIC program will be better able to meet our goal of providing nutrition services that are effective in combating the ever-growing obesity epidemic in our children.

We believe WIC can contribute to the goal of preventing childhood obesity by reducing the current amount of high calorie juice given, and replacing it with much needed naturally low calorie fresh fruits and vegetables. This also supports the American Academy of Pediatrics recommendations for age appropriate fruits and vegetables at 6 months. A majority of our WIC population does not meet the minimum requirements of 5 servings a day of fruits and vegetables. By giving them \$10 per month for fresh fruits and vegetables this will help bring them closer to achieving this recommendation. With the inclusion of lower-fat milk, less cheese and eggs we will continue to support the consumption of adequate calcium, and at the same time, provide a lower saturated fat and cholesterol content. Adding whole grains and soy options will increase our ability to better serve our substantially diverse population.

Making these proposed changes will not only allow us to offer much more culturally appropriate foods, but it will also reinforce the nutritional messages and education we are providing to our clients.

LA-406



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King Family Center
Health Clinic
2640 E. Lafayette Street
P.O. Box 779
Stockton, CA 95201-0779
Tel: 209/953-4666
Fax: 209/953-4691

Lawrence Family
Center & Clinic
721 Calaveras Street
Lodi, CA 95240-0628
Tel: 209/331-8019
Fax: 209/331-8018

San Joaquin Valley
Dental Group
230 N. California Street
P.O. Box 779
Stockton, CA 95201-0779
Tel: 209/940-7200
Fax: 209/940-7255

San Andreas Family Practice
265 W. St. Charles St., Ste. 3
P.O. Box 1107
San Andreas, CA 95249-1107
Tel: 209/755-1400
Fax: 209/755-1430

Tracy Family Practice
730 North Central Ave.
Tracy, CA 95376-4104
Tel: 209/820-1500
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Woodbridge Medical Group
2401 W. Turner Rd., Ste. 450
Lodi, CA 95242-2185
Tel: 209/370-1700
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Care Link
230 N. California St.
P.O. Box 779
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Tel: 209/940-7202
Fax: 209/940-7250

WIC Program
425 N. California St., Ste. 7
P.O. Box 779
Stockton, CA 95201-0779
Tel: 209/870-5000
Fax: 209/870-5020

We are very excited to be working with the USDA and the WIC program to implement these excellent food package improvements in the near future. These changes will be a great support to improve our community's food security, while addressing the obesity epidemic, and helping these low-income families make healthier food choices. Together we will have a positive impact on the health of women, infants and children in our community and in California.

Sincerely,

Community Medical Center, Inc.

Name:

Title:

[Signature]

WIC Coordinator

[Signature] Astrin Damayanti

WIC RD

[Signature]

WIC Degreed Nutritionist

[Signature]

WIC clerk.

[Signature] Veronica e Ramos

WIC Nutrition Aide

[Signature] Susana Ornelas

Clerical Coordinator

[Signature] Alejandra Lopez

Wic Clerk

[Signature] Maria Lopez

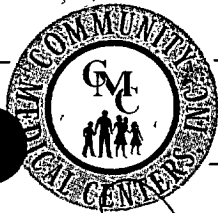
Wic Clerk

[Signature] Tina Rinal

Nutrition Aide

[Signature] Aurora Ambuz

Nutrition Aide



Community Medical Centers, Inc.
701 E. Channel St. P.O. Box 779 Stockton, CA 95201-0779
209/944-4710 Fax: 209/944-4796 www.communitymedicalcenter.org



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Community Medical Centers
600 Nut Tree Rd., Ste. 260
Vacaville, CA 95687-4886
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Dixon Family Practice
131 West A St., Ste. 1
P.O. Box 846
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Corina Torres

Miguel Rosal

Daniel

Alfonso

Virginia Vally

Sylvia Espino

Albina Torres

Maria Zapata

Norah Hernandez

Ann Diller

Clerk

nutrition Aid.

Nutrition Aid

Breast Feeding Coordinator

RN CPEP coordinator

Prog. Assist

Med. Recor

CPEW

CPEW

CPEP Educator

NOV - 3 2006



PUBLIC HEALTH DEPARTMENT

PATRICIA M. ADAMS

Public Health Director
Dakota County

November 2, 2006

Patricia N. Daniels
Director, Supplemental Food Programs Division
Food and Nutrition Service
USDA
3101 Park Center Drive
Room 528
Alexandria, VA 22302

REPLY TO:

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West St Paul, MN 55118-4771
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FAX 651.554.6130
www.co.dakota.mn.us

☐ 14955 Galaxie Avenue West
Apple Valley, MN 55124
952.891.7500
FAX 952.891.7565

RE: Docket ID Number 0584-AD77, WIC Food Packages Rule

Dear Ms. Daniels:

Dakota County Public Health strongly supports the USDA issued proposed rule governing the WIC Food Packages published in the Federal Register on August 7, 2006.

The revisions are grounded in sound science, aligned with the *2005 Dietary Guidelines for Americans*, support the current infant feeding practice guidelines of the American Academy of Pediatrics and support the establishment of successful long-term breastfeeding. The changes are consistent with nutrition education promoting healthier lifestyles and food selections to reduce the risk for chronic diseases and to improve the overall health of WIC's diverse population.

While the majority of the proposed changes would improve and enhance the WIC food package, we recommend the following adjustments:

- Implement fully breastfeeding, partially breastfeeding and fully formula feeding woman's food package changes concurrently. We believe that delaying the implementation of the partially breastfeeding package will result in many women simply choosing to formula feed.
- Increase the dollar amount of fruits and vegetables provided to the fully breastfeeding woman to \$10 to match the IOM recommendation. This would provide further incentive and support for breastfeeding.
- Change the minimum protein and potassium standards for calcium-fortified soy-based beverages to 6.25 grams of protein and 250 milligrams of potassium per 8 ounce serving, as there are no calcium-fortified soy-based beverages on the market that meet the proposed protein and potassium standards.

Again, Dakota County Public Health enthusiastically and strongly supports the proposed rule. We are convinced that it will serve to encourage the growth of Farmers' Markets, support participant choice, and most important, focus attention on chronic disease prevention and control.



The proposed food packages will provide greater amounts of all of the priority nutrients currently identified as needed by the WIC population. They will supply a reliable and culturally acceptable source of supplemental nutritious foods as well as promote and support exclusive breastfeeding. Equally important, the proposals will provide WIC professionals with the necessary tools to reinforce the nutrition education messages and promote healthier food choices.

WIC is our nation's premier public health nutrition program. The long-term benefits of providing participants with fruits and vegetables, lower fat dairy products and whole grains, as well as additional incentives for fully breastfeeding women will greatly aid WIC in improving the life-long health of our most vulnerable women, infants and children.

We look forward to working with the Minnesota WIC program and the USDA to fully implement the proposed rule and urge finalization of the rule by no later than the spring of 2007.

Sincerely,

A handwritten signature in cursive script that reads "Patricia Adams".

Patricia M. Adams, MPH, BAN, RN
Public Health Director

NOV - 3 2006

November 1, 2006

Patricia N. Daniels
Director, Supplemental Food Programs Division
Food and Nutrition Service
USDA
3101 Park Center Drive
Room 528
Alexandria, VA 22302

LA-425

RE: "Docket ID Number 0584-AD77, WIC Food Packages Rule

Dear Ms. Daniels:

As a Registered Dietitian working with the Oklahoma WIC Program, I strongly and enthusiastically support the USDA issued proposed rule governing the WIC Food Packages published in the Federal Register on August 7, 2006.

The intent of the revised regulations is to improve the nutritional health of all WIC participants. The revisions are grounded in sound science, aligned with the *2005 Dietary Guidelines for Americans*, support the current infant feeding practice guidelines of the American Academy of Pediatrics and support the establishment of successful long-term breastfeeding. The proposed food packages provide WIC participants with a wider variety of food choices, allow state agencies greater flexibility in offering food packages that accommodate participants' cultural food preferences and address the nutritional needs of our nation's most vulnerable women, infants and children.

The proposed rule reflects recommendations made by the Institute of Medicine (IOM) of the National Academies in its report, "WIC Food Packages: Time for a Change." It follows the advice of the Institute, which stated that the WIC Program needs to respond to changes in nutrition science, demographics, technology, and the emerging health concerns in the WIC community. The changes in the proposed rule are consistent with nutrition education promoting healthier lifestyles and food selections to reduce the risk for chronic diseases and to improve the overall health of WIC's diverse population. The Department's aim is to add new foods while preserving cost neutrality. To cover the cost of the new foods, WIC will pay for less juice, eggs and milk that have been staples of this extremely successful public health nutrition program, which helps feed more than half the infants born in the United States. While there is some disappointment over the Department's decision to pay for fewer fruits and vegetables than recommended by the IOM, I believe that WIC clients will be pleased that there will be more choices in the foods offered.

The proposed rule aims to support breastfeeding for the first six months and continued breastfeeding, with appropriate complementary foods, until the infant's first birthday. I *do not support* the recommendation to pilot test the food package for the partially breastfeeding woman. With a delay in implementation of this package, I believe that many women will simply choose to formula feed. I recommend that the fully breastfeeding, partially breastfeeding and fully formula feeding woman's food package changes be implemented concurrently.

I would also suggest that States be given the option to provide the breastfeeding infant, in the first month, with 1). no formula, or 2). no formula unless medically indicated, or 3). one can of powdered formula as recommended in the IOM Report. States would incorporate their option into their existing breastfeeding policies and procedures.

The proposed rule provides for complementary infant food fruits and vegetables at six (6) months of age in varying amounts for those infants who are fully breastfeeding, partially breastfeeding or fully formula feeding as well as infant food meats for fully breastfeeding infants. Children and women participants will also benefit from the addition of fruits and vegetables through "cash-value" vouchers to purchase fresh and processed fruits and vegetables in the proposed amounts of \$8 for women and \$6 for children. I urge that the dollar amount provided to the fully breastfeeding woman be increased to \$10 to match the IOM recommendation. This would provide further incentive and support for breastfeeding.

The food package recommendations support scientific research findings, which suggest that increasing fruits and vegetables is associated with reduced risk for obesity and chronic diseases such as cancer, stroke, cardiovascular disease, and type 2 diabetes. Fruits and vegetables added to the diet also promote adequate intake of priority nutrients such as Vitamins A, C, folate, potassium and fiber.

I strongly recommend that the dollar denomination of the fruit and vegetable cash-value vouchers and the minimum vendor stocking requirements for fruits and vegetables be determined at the discretion of the WIC State agencies.

State flexibility to promote produce selections that are locally accessible, culturally appropriate, affordable, and practical for various household situations - such as storage, preparation and cooking options - is paramount. Flexibility will give States the capability to partner with vendors to promote the maximum number and variety of produce items. Setting an arbitrary vendor stocking level at two as suggested in the proposed rule will not encourage State agencies or vendors to provide the wide variety of fruits and vegetables purchased by WIC consumers as demonstrated in the three highly successful pilot projects recently conducted in California and New York. It is essential that State agencies determine the dollar value of the cash-value vouchers in partnership with vendors to assure appropriate redemption levels and to save already tight Nutrition Services dollars. Printing of multiple voucher instruments in small denominations is costly and counter productive.

The proposed food packages offer calcium-set tofu as well as calcium- and vitamin D-rich soy beverages as partial substitutions and alternatives for milk. These alternatives will prove to be particularly beneficial to those WIC participants who suffer the medical consequences of milk protein allergy, lactose maldigestion, and those with cultural preferences. Currently, there are no calcium-fortified soy-based beverages on the market that meet the proposed protein and potassium standards. Accordingly, I urge levels of 6.25 grams of protein and 250 milligrams of potassium per 8 ounce serving as alternative minimum standards in order for WIC women and children to be able to include soy. I also urge that children be able to receive soy products without the requirement of medical documentation.

The proposed rule to include whole grain bread and other grains for all children and pregnant and breastfeeding women is consistent with the *2005 Dietary Guidelines for Americans* which recommend that refined grains be replaced with whole grains. In order to accommodate the medical needs of certain participants, I support the IOM recommendation to allow States to make substitutions for "wheat-free" cereals based on a medical prescription and urge the Department to include such a provision in the final rule.

I ask that you consider the following concerns:

- *I anticipate the reduction in infant formula for infants 6-11 months of age will cause a great deal of negative participant feelings. There is also the fear that early introduction of cow's milk may result. Any strategies and educational materials developed by the USDA to help ease this transition would be appreciated.*
- *While I am pleased with the inclusion of plain fruits and vegetables for infants I feel encouraging participants to buy ready-made baby foods versus prepare their own baby foods may not be the best option. This is teaching the wrong message economically. I would prefer funds be available to provide fresh fruits and vegetables, infant food grinders, and recipes for making homemade baby food.*
- *I have several parents with infants who are tube-fed who complain that the reconstituted powdered formulas clog the feeding tubes. Please consider allowing an exception for RTF formulas for tube-fed infants when a trial of the powdered formula fails.*
- *Although the 'rounding rule' is welcome, I am concerned the varied amounts of formula each month will be a challenge to automate and be even more difficult for states without computer based systems.*
- *I am concerned the changes are not truly cost neutral. Reducing the formula amounts will not gain much money for other foods since they are rebated products. If a state is using many store brand cereals that are not 51% whole grain, the costs to states will go up when they have to change to more expensive name brand cereals.*
- *I am concerned the 51% whole grain rule will also discontinue rice based cereals which would be the only appropriate product for some with celiac disease.*

As a Registered Dietitian working with the Oklahoma WIC Program, I recognize that implementing the proposed rule will require good planning and effective communication. Implementation strategies to maximize benefits at every level will need to be inclusive and carefully crafted to achieve success. There is great excitement and anticipation among State agencies regarding the promulgation of a final rule revising the WIC food packages and without exception. State agencies are looking forward to fully implementing the proposed rule. I recommend that USDA partner with State agencies and the National WIC Association to assure a reasonable and flexible implementation timeframe of at least one year from the date of publication of the final rule.

Again, as a Registered Dietitian working with the Oklahoma WIC Program, I enthusiastically and strongly support the proposed rule. I am convinced that it will serve to minimize vendor stock requirements, reduce the administrative burden on States and local agencies, encourage the growth of Farmers' Markets, support participant choice, and most important, focus attention on chronic disease prevention and control.

The proposed food packages will provide greater amounts of all of the priority nutrients currently identified as needed by the WIC population. They will supply a reliable and culturally acceptable source of supplemental nutritious foods as well as promote and support exclusive breastfeeding. Equally important, the proposals will provide WIC professionals with the necessary tools to reinforce the nutrition education messages and promote healthier food choices.

WIC is our nation's premier public health nutrition program. The long-term benefits of providing participants with fruits and vegetables, lower fat dairy products and whole grains, as well as additional incentives for fully breastfeeding women will greatly aid WIC in improving the life-long health of our most vulnerable women, infants and children.

I look forward to working closely with USDA to fully implement the proposed rule and urge finalization of the rule by no later than the spring of 2007.

Sincerely,

 RD/LD

Members

John J. Mallon, *Chairman*
Robert Singer, *Vice Chairman*
Arlyne J. Rehak, *Secretary-Treasurer*
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OCEAN COUNTY BOARD OF HEALTH

P.O. Box 2191
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(732) 341-9700
(800) 342-9738
<http://www.ochd.org>

Ella Boyd, VMD
Public Health Coordinator

NOV 03 2006

LA-444

October 24, 2006

To Whom it May Concern:

I am writing in support of the proposed WIC Food Package Changes. I support the changes for the following reasons:

- 1) WIC has grown considerably in the last 20 years and serves a more diverse population.
- 2) The nutrition risks of participants have changed.
- 3) WIC must keep up with nutrition science advances.
- 4) The proposed changes will be more consistent with 2005 Dietary Guidelines for Americans and the American Academy of Pediatric Guidelines.
- 5) Promotion and support of long-term breastfeeding will improve.
- 6) A wider variety of foods will be offered.
- 7) Cultural food preferences will be accommodated.
- 8) Services to medically fragile participants will be improved.

Thank you for your attention to this matter.

Sincerely,

Patricia Davis, MS

WIC Program Nutritionist

Ocean County Board of Health

Members

John J. Mallon, *Chairman*
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Ella Boyd, VMD
Public Health Coordinator

LA-446

October 24, 2006

To Whom It May Concern:

The Women, Infants and Children (W.I.C.) Program has been called a formula give away program. It is time we changed that image and support the recommendations of the US Department of Agriculture (UDSA) and the American Academy of Pediatrics. (AAP).

As a Program Nutritionist for the W.I.C. Program of Ocean County, NJ, I would like our clients and their families to improve their quality of life through better nutrition.

We encourage breastfeeding as the best method of nutrition for all newborn children. We also encourage the mothers of all newborns to eat properly.

The diversified population of clients that is serviced by my office (Lakewood, NJ) reflects a need for a wider selection of foods to meet the changing needs of these participants. We (W.I.C.) must change our procedures and food sources to fulfill the changing needs of our clients.

The addition of tofu and soy milk would greatly improve the intake of calcium for those limited by dietary laws or problems with milk intolerances. The dry beans we presently offer may not be the best selection for busy working moms with large families, hence canned beans would be the better selection.

The base of the food pyramid consists of breads and cereals. A healthier selection would be to offer brown rice and other whole grains to encourage our clients to make wiser food choices. Salmon and sardines, as protein sources, are a healthier alternative to tuna because of concerns with mercury contamination.

I support the new W.I.C. food package revision.

Sincerely,

Mary E. Pastine
Program Nutritionist
Ocean County WIC Program

Members

NOV 03 2006



John J. Mallon, *Chairman*
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Arlene J. Rehak, *Secretary-Treasurer*
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Ella Boyd, VMD
Public Health Coordinator

LA-449

Patricia N. Daniels
USDA 3101 Park Center Drive Rm. 528
Alexander, VA 22302
WIC FOOD PACKAGE RULES (Docket ID # 0584-AD77)
11-2-06

Dear Miss Daniels,

As a Dietitian for WIC, I believe deleting the classification of partially breastfed infants (for the 1st month) is a good idea. I also believe having a trial implementation is necessary as well. A high percentage of our participants initially do mixed feedings. I believe this is negative to their breastfeeding experience and negative to the baby's overall health. Supplementing with formula, especially in the first month will decrease Mom's ability to make milk and decrease production of milk. This will also cause nipple confusion for the baby. Not providing formula in the first month will ensure for those who wish to breastfeed, will breastfeed. Those four weeks of breastfeeding will ensure Mom's have adequate milk and are producing enough milk. The temptation of formula will be curtailed. After four weeks of exclusively breastfeeding and seeing how their baby's are thriving and flourishing, I believe Mom's will exclusively breastfeed for the months to come. Supplying formula in the first month will decrease milk production and only cause Mom's to supplement rather than exclusively breastfeed.

I also believe the proposed package for infants after six months is a good idea as well. I find that most Moms who breastfeed past six months want to continue on WIC up to the baby's first birthday. Encouraging Mom's to continue to breastfeed will only benefit them and the baby. This will be an incentive and encourage our participants to breastfeed up to the baby's first birthday.

Members

John J. Mallon, *Chairman*
Robert Singer, *Vice Chairman*
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Ella Boyd, VMD
Public Health Coordinator

My final comments have to do with the juices. Deleting them is an excellent idea. They do provide Vitamin C but the Vitamin C can be ascertained through vegetables and fruits. We also see many infants after 6 months of age (breastfed and formula) that are not on solids and they tend to have low Hgb's. Providing vegetables and fruits will help Mom's and Dad's purchase them and will ensure vegetables and fruits (solids) are incorporated into their baby's daily diet. This will ensure adequate vitamin and mineral intake.

Sincerely,

Matthew Holland, R.D.
WIC Program Nutritionist

Monongalia County



Health Department



Nutrition Services

Serving Doddridge, Harrison, Marion, Monongalia,
Preston and Taylor Counties

www.monchd.org

WIC
1-800-675-5181

NOV 03 2006

WIC/ICE
(304) 598-5180



October 31, 2006

LA-599

Patricia N. Daniels
Director, Supplemental Food Programs Division
Food and Nutrition Service, USDA
3101 Park Center Drive, Room 528
Alexandria, VA 22302
RE: Docket ID Number 0584-AD77, WIC Food Packages Rule

Dear Ms. Daniels:

I am writing to express my strong support for the USDA issued proposed rule governing the WIC Food Packages published in the Federal Register on August 7, 2006.

Many very positive changes have been included which will serve to promote healthier food intakes for WIC participants. The inclusion of cash-value food instruments for fruits and vegetables will be especially beneficial in providing greater amounts of key nutrients needed by the WIC population. I would like to see the dollar amount of cash-value food instruments for fruits and vegetables increased to \$10 for all women and \$8 for children. Scientific research as to the health benefits of fruits and vegetables continues to mount while my experience over many years working with WIC participants reveals this is the major area lacking in their diets. This investment will in my opinion be a major step in improving the health of the nation and will result in savings in long term health care costs. It would also be my recommendation that the mechanisms be put in place which would allow WIC participants to redeem these food instruments for fruits and vegetables at their local Farmers' Market when that is available in their area.

I believe it would be appropriate to allow further options in relation to the type of milk provided. More specifically, there are circumstances where whole milk is appropriate for a child after 23 months and also circumstances where 2% milk may be recommended for the child who is not yet 24 months.

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Clarksburg, WV 26301
Phone: (304) 623-1147
FAX: (304) 623-1151

Marion County Office
532 Pennsylvania Avenue
Fairmont, WV 26554
Phone: (304) 366-2387
FAX: (304) 366-2393

Monongalia County Office
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Morgantown, WV 26505
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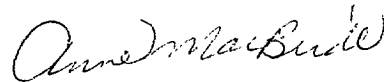
Preston County Office
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Kingwood, WV 26537
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FAX: (304) 329-1958

Taylor County Office
101 Beech Street
Grafton, WV 26354
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FAX: (304) 265-6136

I am pleased with the focus on supporting the breastfeeding mother and infant. I would suggest that the food package for the partially breastfed infant and the plan to pilot test this be more fully examined.

In summary, I am very excited about the proposed changes to the WIC food packages. I believe that there should be a regular review of the food packages in subsequent years.

Sincerely

A handwritten signature in cursive script that reads "Anne MacBride".

Anne MacBride, M.S., R. D., L.D.
Nutrition Services Program Manager



NOV 03 2006

COUNTY MICHIGAN
DEPARTMENT OF HUMAN SERVICES

L. BROOKS PATTERSON, OAKLAND COUNTY EXECUTIVE

HEALTH DIVISION
George J. Miller, M.A., Manager

November 1, 2006

Ms. Patricia N. Daniels, Director
Supplemental Food Programs Division
Food and Nutrition Service
U.S. Department of Agriculture
3101 Park Center Drive, Room 528
Alexandria, VA 22302

LA-600

**RE: Comments on WIC Food Packages Proposed Rule,
Docket ID Number 0584-AD77.**

Dear Ms. Daniels,

Thank you for the opportunity to provide comments on the USDA's proposed revisions of the WIC Food Packages, published in the Federal Register on August 7, 2006.

As a Registered Dietitian employed by a local WIC Program for 28 years, I support the following proposed changes:

- Adding cash-value vouchers to purchase fruits and vegetables
- Deleting juice from the infant package and replacing it with baby food fruits and vegetables
- Reducing the amount of juice in all other packages
- Increasing the food package for fully breastfed 6-12 month old infants to include additional baby food fruits and vegetables and adding infant food meat (Finally, we are rewarding women for breastfeeding full time).
- Deleting whole milk from the food package of children 2 years of age and older and from all packages for women.
- Reducing the maximum amount of eggs for all women and children.
- Requiring that all cereals for women and children must be "whole grain".
- Adding whole wheat or whole grain bread to the packages for women and children.

I support the above proposed changes as they will make the WIC food packages consistent with the 2005 Dietary Guidelines for Americans and the current infant feeding practice guidelines of the American Academy of Pediatrics.

As a local WIC Coordinator, I share the following:

I am concerned whether these proposed changes will ultimately be cost neutral when compared to the current packages. No one wants to see a reduction in caseloads in order to support the increased food costs.

An additional concern is the potential abuse at the vendor level. Currently, it can be difficult for WIC contracted stores to properly educate their employees regarding the current WIC eligible foods. The proposed changes increase the WIC eligibility food list dramatically and may also increase the likelihood that ineligible foods are purchased with WIC vouchers. A good example of this is the addition of whole wheat or whole grain breads to the food package. This food item is not readily available in many WIC contracted stores due to the lack of popularity with the general public. I am concerned that many vendors may substitute a similar product such as bread made with wheat flour. In a nutshell, I am concerned that the WIC eligible food will not be chosen or purchased by the WIC participant.

Finally, we at the local level need reassurance that we will receive the needed federal and state support at the time of implementation. Educational materials need to be developed in advance and shared in a timely manner with the local programs. Educating our participants and vendors will require great effort from all of us at every governmental level. By working together, we will ultimately have a positive impact on the health of women and children throughout this country.

Again, thank you for the opportunity to share my comments. I look forward to implementing these outstanding improvements to the WIC food packages over the next few years.

OAKLAND COUNTY HEALTH DIVISION
Department of Health and Human Services

Peg Soubly R.D.

Peg Soubly, RD
Coordinator, WIC Program



NOV 03 2006

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www.mid-siouxopportunity.org

November 3, 2006

Patricia N. Daniels
Director, Supplemental Food Programs Division
Food and Nutrition Service
USDA
3101 Park Center Drive
Room 528
Alexandria, VA 22302

LA-602

RE: "Docket ID Number 0584-AD77, WIC Food Packages Rule

Dear Ms. Daniels:

Mid-Sioux Opportunity, Inc. strongly and enthusiastically supports the USDA issued proposed rule governing the WIC Food Packages published in the Federal Register on August 7, 2006.

Overall, the proposed revisions to the WIC food packages are grounded in sound science, aligned with the *2005 Dietary Guidelines for Americans*, support the current infant feeding practice guidelines of the American Academy of Pediatrics and support long-term breastfeeding. The proposed food packages provide participants with a wider variety of food choices, allow state agencies greater flexibility in offering food packages that accommodate participants' cultural food preferences and address the nutritional needs of our nation's most vulnerable women, infants and children. The proposed rule generally reflects the recommendations made by the Institute of Medicine (IOM) of the National Academies in its report, "*WIC Food Packages: Time for a Change*." The changes in the proposed food packages are also more consistent with nutrition education messages promoting healthier lifestyles and food selection to reduce the risk for chronic diseases and to improve overall health. We believe that WIC clients will be pleased that there will be more choices in the foods offered.

Our comments are presented in this letter using subheadings that identify the provision or food component addressed.

Food Packages for Partially Breastfeeding Women and Breastfed Infants

The proposed rule aims to support breastfeeding for the first six months and continued breastfeeding, with appropriate complementary foods, until at least the infant's first birthday. We *do not support* the recommendation to pilot test the food package for the partially breastfeeding woman. Delaying the implementation of this package will result in many women choosing to formula feed. We recommend that the fully breastfeeding, partially breastfeeding and fully formula feeding women's food package changes be implemented concurrently.

We would also suggest that States be given the option to provide the breastfeeding infant, in the first month, with A) no formula, or B) one (1) can of powdered formula as recommended in the IOM Report. States would incorporate their option into their existing breastfeeding policies and procedures.

Implementation Timeline for Breastfeeding Food Packages

The three infant feeding options in the proposed rule pose additional challenges for collecting quality breastfeeding duration data since an infant may still be breastfeeding but identified as a fully formula feeding infant based on the food package issued. State agencies will need to carefully evaluate and revise their data systems to ensure that accurate breastfeeding data is reported to CDC for the Pediatric Nutrition Surveillance System and to USDA for the biannual PC reports. These changes need to be considered and possibly even completed concurrently with implementation of the new food packages. This is likely to require additional data fields and other programming tasks that may require more time than the proposed one year implementation timeframe.

Food Packages I and II

If additional measures are needed to maintain cost neutrality, we would support retaining the 806 ounce maximum quantity from birth through 5 months of age for fully formula feeding infants. Since the Iowa WIC Program has not issued juice and cereal to infants until 6 months of age, we do not feel a need to replace those foods with additional formula. In addition, defining these food packages using these two age groups (birth through 5 months, 6 through 11 months) is more consistent with the approach used in the Dietary Reference Intakes.

We also support using the same two age groups for partially breastfeeding infants and further recommend that the maximum quantity of formula be 364 ounces throughout the first year of life. We do not believe it is necessary to increase the amount of formula for 4- and 5-month old infants for the same reasons as stated above. We support maintaining the same maximum quantity throughout the first year to provide consistent support for all partially breastfeeding women, particularly those returning to work or school, and for administrative ease.

We remain troubled that establishing any proposed maximum quantity of formula for partially breastfeeding infants appears to ignore the reality that many breastfeeding WIC mothers return to work or school and find themselves in environments that are not conducive to or supportive of expressing breastmilk. The quantities in the proposed rule would provide 12 ounces, 14.5 ounces, and 10 ounces per day based on the three food packages. Very few breastfeeding mothers, especially those in school or the workforce on a full-time basis, could successfully combine breastfeeding and formula-feeding with these amounts of formula unless they can also regularly express breastmilk during their work day. These women may have no choice but to request additional formula and thereby forfeit the additional infant fruits, vegetables and meats for older infants and a food package for themselves. The intended incentive nature of these food packages cannot compete effectively with schedules or environments that do not support continued breastfeeding.

Therefore, we recommend that partially breastfeeding women who request more than the maximum amount of formula for partially breastfeeding infants continue to receive a food package as long as they continue to breastfeed. We believe that the WIC Program should

support breastfeeding women for up to one year with the full range of benefits as long as they meet the regulatory definition of breastfeeding. We recommend that these women receive Food Package VI to support their nutrition needs and promote continued breastfeeding.

Food Package III

We are pleased to see the addition of other supplemental foods to this food package. This will greatly enhance the ability to provide appropriate foods to meet the nutrition and transition feeding needs of these high risk participants. However, we do not support the proposal to require medical documentation for the supplemental foods. This additional documentation is an unwelcome burden for health care providers. It is also a potential barrier to receiving an appropriate food package because these supplemental foods do not usually require a prescription in order to obtain them. Registered dietitians (RDs) are the health care provider group most likely to advise families about using these supplemental foods, however, they do not have prescriptive authority.

We are also concerned about applying the proposed new maximum quantities of infant formula in Food Packages I and II to the exempt infant formulas issued under Food Package III. Exempt infant formulas are very expensive, making it very difficult for parents and caretakers to purchase additional cans. In addition, many infants consuming these products may not be able to eat the other infant foods due to their medical condition. Therefore, we propose that the maximum quantity of exempt infant formula allowed under Food Package III should be 806 ounces throughout the first year of life.

Disallowing WIC-eligible medical foods for infants served under this food package is also of concern because it discounts the prescriptive authority of health care providers. The current classification scheme for infant formulas in the formula database on the WIC Works website already includes two search categories that mix infant formulas with medical foods (infant formula and medical food; exempt infant formula and medical food). On both lists, products are identified as fitting both categories. We support allowing the prescribing authority to decide which product best meets the infant's needs.

Fruits and Vegetables

The proposed rule provides for complementary infant food fruits and vegetables. Children and women participants will also benefit from the addition of fruits and vegetables through "cash-value" vouchers to purchase fresh and processed fruits and vegetables in the proposed amounts of \$8 for women and \$6 for children. We urge that the dollar amount provided to the fully breastfeeding woman be increased to \$10 to match the IOM recommendation and to provide further incentive and support for breastfeeding.

We strongly recommend that the dollar denomination of the fruit and vegetable cash-value vouchers and the minimum vendor stocking requirements for fruits and vegetables be determined at the discretion of the WIC State agencies. State flexibility to promote selection of fruits and vegetables that are locally accessible, culturally appropriate, affordable, and practical for various household situations (storage, preparation and cooking options) is paramount. Flexibility will give States the capability to determine the dollar value of the cash-value vouchers in partnership with vendors to assure appropriate redemption levels and to save already tight Nutrition Services

dollars since printing multiple voucher instruments in small denominations is costly and may be counter productive.

We further recommend that systems be in place to allow participants to pay for any excess costs for fruits and vegetables should the total cost of produce at checkout exceed the value of the cash-value vouchers presented. This is necessary to minimize stigma, maximize efficiency and ensure that participants receive the full nutrition benefit from this component of the food package.

Alternatives for Milk

The proposed food packages offer calcium-set tofu as well as calcium- and vitamin D-rich soy beverages as partial substitutions and alternatives for milk. Currently, there are no calcium-fortified soy-based beverages on the market that meet the proposed protein and potassium standards. Accordingly, we urge levels of 6.25 grams of protein and 250 milligrams of potassium per 8 ounce serving as alternative minimum standards.

We also urge that children be able to receive soy beverages and calcium-set tofu without medical documentation for the same reasons as women — for medical reasons or for cultural, religious or other reasons. While communication with the child's health care provider about soy beverages and tofu in place of milk is certainly best practice, requiring medical documentation to issue these foods is burdensome for the prescribing authorities and the local agency WIC personnel. These foods do not generally require a prescription. It is also reasonable and prudent to implement consistent documentation practices for these products across food packages and participant categories.

We are also opposed to the proposed medical documentation requirements to authorize cheese in quantities that exceed the substitution maximum for children and to authorize cheese or calcium-set tofu in quantities that exceed the substitution maximum for women. Self-reporting of a current condition, a past diagnosis of a condition or a history of a condition by a WIC applicant is allowable for nutrition risk determination and should be considered adequate support for making these substitutions.

Whole Grains

We support the proposed rule to include whole grain bread and other grains for children and pregnant and breastfeeding women. Since FDA is still grappling with a standard definition for whole grain, we recommend that implementation of this provision allow any grain product that lists a whole grain flour or cereal as the first ingredient. The definition of a whole grain product must be consistent with advice for consumers in the *Dietary Guidelines for Americans* and MyPyramid.

We are concerned about the appropriateness of the 1-pound increment. Oatmeal typically is sold in 18-ounce containers and many whole grain bread loaves weigh more than 1-pound. We recommend allowing up to 24 ounces for these foods.

In order to accommodate the medical needs of participants with celiac disease and other conditions, we support the IOM recommendation to allow States to make substitutions for

"wheat-free" cereals. However, we support self-reported diagnosis as adequate documentation for this substitution.

Soft corn or whole wheat tortillas usually contain a small amount of fat. We recommend that these products be allowed.

We remain concerned that cereal is a standard food across all of the food packages for women and children because some participants do not eat and will not eat cereal for cultural and other reasons. We encourage USDA to consider allowing the other whole grain foods to be substituted for cereal for cultural and other reasons.

Fruit and Vegetable Juice

We respectfully recommend increasing the amount of juice in Food Package IV for children 1-5 years of age to 144 ounces. While the proposed maximum of 128 fluid ounces meets the recommendations of the American Academy of Pediatrics, current container sizes in the market make it very difficult for families to purchase this quantity or even to come very close to this amount unless all state WIC agencies approve 32-ounce and/or 64-ounce containers.

Currently a limited number of WIC-approved juices are sold in 32-ounce containers. Allowing 64-ounce containers would dramatically increase the potential for confusion for vendors and clients when trying to distinguish between 46- and 64-ounce containers at the point of purchase. Continued availability of vitamin C is also of concern when larger containers of juice sit in the refrigerator for several days before being consumed. This vitamin retention issue is already a concern with 46-ounce containers and becomes a greater concern with 64-ounce containers.

If a state agency declines to add 32-ounce or 64-ounce containers, each child will forfeit 32 to 36 ounces of fruit or vegetable juice per month (see examples below).

- Example 1: 2-12 oz. cans of frozen juice = 96 oz., 32 oz. short of maximum
- Example 2: 2-46 oz. cans of single strength juice = 92 oz., 36 oz. short of maximum

This results in children consuming less than one serving of juice per day and negatively affects food security status. It is counterproductive to define a maximum quantity that cannot be reached with current container sizes.

Rounding Infant Formula and Infant Foods

The proposed rounding methodology for infant formula is so complicated that we do not consider the approach to be administratively feasible. Even if state data systems could be programmed to perform these calculations and distribute cans of formula across food package periods that sometimes align with benefit issuance periods and sometimes do not, the required programming is likely to be cost-prohibitive. Incorporating future industry changes in container sizes would be an ongoing challenge with associated additional costs. The rounding methodology must also start all over again when formula prescriptions change and the needed product is packaged in a different size can. The proposed methodology doesn't address this common situation.

The proposed methodology would also require considerable clinic staff resources if completed manually. The results — varying numbers of cans of product from month to month — would be

confusing to parents. We are concerned that some families would choose to "stretch" the formula during the months they receive fewer cans rather than purchase additional cans with other resources. This would clearly have a negative impact on the infant's growth and development.

If given the option to implement the rounding methodology for infant foods, we would not choose to do so because it requires stipulating container sizes on the food instruments. In turn, this increases inventory requirements for vendors. We would implement the issuance of infant foods using the same approach that we currently use for canned tuna — listing the maximum number of ounces and the minimum size of containers that can be purchased with the food instrument. This approach also provides flexibility for parents and caretakers at the point of purchase.

Because the maximum allowances for the WIC food packages are expressed as monthly allowances, we urge USDA to adopt methodologies that round quantities for each month. This simplifies the calculations and provides consistent levels of nutrition benefit throughout the food package issuance period. It also protects the health of WIC infants, the most vulnerable of our program participants.

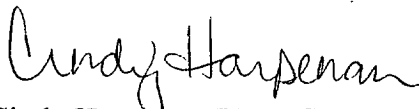
Summary

Mid-Sioux Opportunity, Inc. recognizes that implementing the proposed rule will require good planning and effective communication. Implementation strategies to maximize benefits at every level will need to be inclusive and carefully crafted to achieve success. There is great excitement and anticipation in Iowa regarding the new and improved WIC food packages and we are looking forward to implementing the proposed rule. We recommend that USDA assure a reasonable and flexible implementation timeframe of at least one year from the date of publication of the final rule.

WIC is our nation's premier public health nutrition program. The long-term benefits of providing participants with fruits and vegetables, lower fat dairy products and whole grains, as well as additional incentives for fully breastfeeding women will greatly aid WIC in improving the life-long health of our most vulnerable women, infants and children.

We look forward to working with USDA to fully implement the proposed rule and urge finalization of the rule by no later than the spring of 2007.

Sincerely,



Cindy Harpenau, RN, BSN
WIC/MCH Director



NOV - 3 2006

**NASSAU COUNTY
DEPARTMENT OF HEALTH
WIC PROGRAM**
240 OLD COUNTRY ROAD
MINEOLA, NEW YORK 11501-4250
VOICE: 516 571-3449 FAX: 571-2076

LA-604

Ms. Patricia Daniels, Director
Supplemental Food Programs Divisions
Food and Nutrition Service, USDA
3101 Park Center Drive, Room 528
Alexandria, VA 22302

November 3, 2006

RE: Docket ID Number 0584-AD77, WIC Food Package Rule

Dear Ms. Daniels:

Nassau County endorses the goals of the proposed changes to the WIC Food Package. They surely support our nutrition recommendations in the dietary guidelines. Thank you for your hard work in putting this proposal together. With my expression of support clearly stated, I do want to recommend two modest changes that concern breastfeeding and the proposed amounts of infant formula.

We endorse the principles behind the proposed infant feeding options. We also understand that WIC's current role of supplying infant formula to Breastfeeding Women in the early post partum months may be perceived to undermine breastfeeding. However, we also believe firmly in the responsibility of the WIC CPA to tailor a food package specifically designed to meet the needs of each participant. We are concerned that the proposal to not provide formula to Breastfeeding women for the first month undermines the CPAs assessment of each individual's nutritional need. We are concerned that if we take too rigid of an approach in the early post partum days we may inadvertently encourage formula feeding among mothers who are experiencing difficulties. We believe that the CPA should proportionately tailor the breastfeeding mother's package to the baby's package.

We are pleased to see the proposal authorizing rounding up to the next whole container of infant foods. We believe this allows the maximum nutritional benefit to be issued to participants. However, it does create a concern with issuing varying numbers of containers of infant formula and baby foods from month to month. We are fearful that this will create confusion for both participants and staff. Instead of averaging the quantity of formula from one month to the next, we propose a providing higher allotment of formula during the first six months and gradually tapering it down to a smaller quantity in the remaining six months, when the infant's consumption of complimentary foods reduces the quantity of formula consumed.

Sincerely,

A handwritten signature in cursive script, appearing to read "Susan McKenna", is written over a horizontal line.

Susan McKenna, M.A., R.D.
Public Health Nutritionist II, WIC Coordinator



OCT 31 2006

LA-610

Administrative Site []
1450 37th Street
Brooklyn, NY 11218
718-686-3700

Family Services Center/WIC []
3820 14th Avenue
Brooklyn, NY 11218
718-686-3799

1601 42nd Street []
Brooklyn, NY 11204
718-871-2501

5110 18th Avenue []
Brooklyn, NY 11204
718-871-9100

4001 16th Avenue []
Brooklyn, NY 11218
718-686-9377

600 McDonald Avenue []
Brooklyn, NY 11218
718-854-7192

571 McDonald Avenue []
Brooklyn, NY 11218
718-686-3750

1353 50th Street []
Brooklyn, NY 11219
718-854-6922

4206 15th Avenue []
Brooklyn, NY 11219
718-437-4225

667 Eastern Parkway []
Brooklyn, NY 11213
718-778-8654

12 Franklin Avenue []
Brooklyn, NY 11211
718-858-0951

Torah Day Care []
12 Franklin Avenue
Brooklyn, NY 11211
718-302-0905

204 Keap Street []
Brooklyn, NY 11211
718-384-4735

563 Bedford Avenue []
Brooklyn, NY 11211
718-384-1430

99 Heyward Street []
Brooklyn, NY 11211
718-855-6916

407 East 53 Street []
Brooklyn, NY 11203
718-485-0020

901 Quentin Road []
Brooklyn, NY 11223
718-998-6814

6012 Farragut Road []
Brooklyn, NY 11236
718-209-1122

3909 15 Ave. []
Brooklyn, NY 11218
718-686-7222

1212 Ocean Parkway []
Brooklyn, NY 11218
718-677-6762

1363 46 Street []
Brooklyn, NY 11219
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4206 15 Ave. []
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420 Lefferts Ave. []
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10 Gregg Place []
Staten Island, NY 10301
718-815-4488

20 Park Hill Circle []
Staten Island, NY 10304
718-720-0090

141 Park Hill Circle []
Staten Island, NY 10304
718-677-6762

October 27, 2006

Patricia N. Daniels
Director, Supplemental Food Programs Division
USDA
3101 Park Center Drive
Alexandria, VA 22302

Dear Ms. Daniels,

The proposed USDA changes to the WIC food packages come as a welcome opportunity for both WIC Local Agency staff and the WIC participants whom we serve. The proposed food package changes represent a recognition of the needs of the populations serviced and will present a chance for greater flexibility for WIC participants in the utilization of the WIC checks.

The opportunity to provide comments on these changes is immeasurable. The ability to have an impact on the development of WIC Program policy is valuable and as such, I have enclosed with this letter a list of my comments and opinions on the proposed changes.

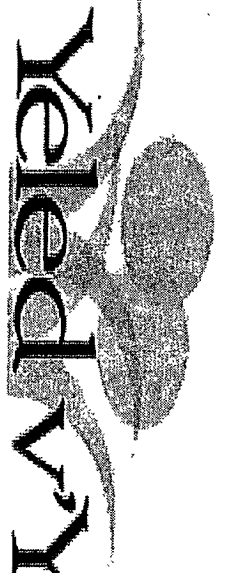
Please do not hesitate to contact me with any questions or comments on the enclosed paperwork. I can be reached at 718-686-3799 extension 468. Again, thank you for this valuable opportunity.

Sincerely,

Nechama Stolzenberg

Nechama Stolzenberg
WIC Administrator

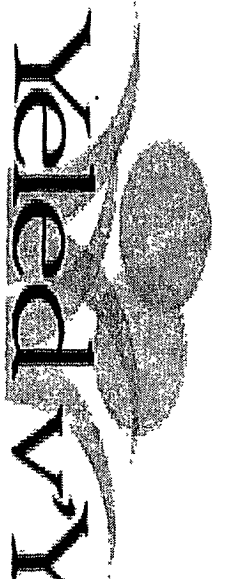
Encs:



WIC 3820 14th Avenue • Brooklyn, NY 11218 • 718.686.3799 • FAX 718.871.7736

COMMENTS ON SELECT ISSUES OF THE PROPOSED FOOD PACKAGE RULE

Category	Comments
1. Breastfeeding Promotion	While Yeled V'Yalda WIC supports the promotion of exclusive breastfeeding, particularly during an infant's first month of life, provisions must be made for instances where the supplementation of formula is not only recommended but required to ensure the infant's health. It should be left up to the discretion of the CPA's to issue formula, albeit in limited quantities, when it is medically required and with a physician recommendation.
2. Whole Grain Bread	Yeled V'Yalda WIC wholeheartedly supports the inclusion of whole grain bread into the WIC food packages; it is recommended that the checks are streamlined to ensure complete understanding by all WIC vendors and that the whole grain bread allowance is dictated in loaves, not pounds (i.e. one or two loaves versus one or two pounds).
3. 51% Whole Grains	While a vast majority of the population will benefit from the proposed changes regarding the 51% whole grain rule for WIC breakfast cereals, it will result in the essential exclusion of breakfast cereals from the food package for those with celiac disease or wheat allergies. A special "wheat free" package should be available for those participants presenting medical documentation of a diagnosis such as wheat allergy or gluten intolerance.
4. Soy Beverages	With the soy beverages currently on the market not meeting the basic fortification requirements clarification would be required to identify the products that would be allowed under the new inclusion of soy beverages into the WIC food packages.
5. Calcium Set Tofu	With tofu included in the food package choices, participants will have a wider range of products that they can purchase. Approved products under this category should be set by each State, as calcium content of tofu products can vary widely from state to state.



WIC 3820 14th Avenue • Brooklyn, NY 11218 • 718.686.3799 • FAX 718.871.7736

COMMENTS ON SELECT ISSUES OF THE PROPOSED FOOD PACKAGE RULE

Category	Comments
6. Uneven Issuance of Powdered Formula	While it is a fact that infants require different supplies of formula based on their age, actual implementation of this policy as it currently stands will result in confusion for WIC Program staff, vendors, and participants. LA staff would like the opportunity to issue the maximum allowable amount, however the process should be less complex.
7. Mercury in Tuna	With the EPA and FDA cautioning all pregnant and/or breastfeeding women to limit their canned fish intake to six ounces per week due to concerns over the mercury level, a welcome alternative to the WIC allowed 7 ounces per week of tuna, salmon, and sardines would be canned chicken.
8. Farmers' Markets as WIC Vendors	Participants using their WIC fruit and vegetable checks would greatly benefit from the addition of farmers' markets as vendors. With the vendor requirements currently in existence it would be very difficult to farmers' markets to participate, as such the vendor requirements would have to be amended to allow for the inclusion of the farmers' markets.



HEALTH DEPARTMENT

LA-611

NOV - 1 2006

October 24, 2006

Ms. Patricia N. Daniels
Supplemental Food Programs Division
Food and Nutrition Service, USDA
3101 Park Center Dr., Rm. 528
Alexandria, VA 22302

Re: Comments on WIC Food Packages Proposed Rule, Docket # 0584-AD77

Dear Ms. Daniels,

As a San Mateo County, California, WIC Program nutrition assistant, I would like to take this opportunity to comment on the USDA's proposed changes to the WIC food packages.

I would like the food vouchers that I issue to reflect the current dietary guidelines and to be consistent with my nutrition counseling. Providing fruits and vegetables would be consistent with our nutrition recommendations to increase consumption. Therefore, I strongly support the proposed changes regarding the provision of fruits and vegetables for our WIC clients. Currently, we are only able to provide fruits and vegetables once a year, through our Farmers' Market Program. I would like to issue vouchers for fruits and vegetables every day to our clients.

Thank you for the opportunity to provide my own comments in regards to the USDA's proposed changes.

Sincerely,

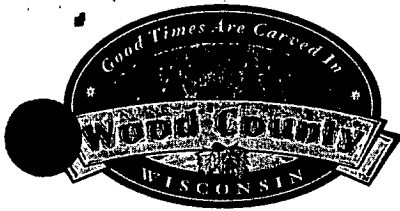
Sandra Rodriguez

PUBLIC HEALTH AND ENVIRONMENTAL PROTECTION DIVISION

Board of Supervisors: Mark Church • Rose Jacobs Gibson • Richard S. Gordon • Jerry Hill • Adrienne Tisser • **Health Director:** Charlene Silva

225 - 37th Avenue • San Mateo, CA 94403 • PHONE 650.573.2757 • TDD 650.573.3206 • FAX 650.573.2397

<http://www.smhealth.org>



Wood County

WISCONSIN

HEALTH
DEPARTMENT

Susan E. Kunferman
DIRECTOR

November 2, 2006

NOV 02 2006

Patricia N. Daniels
Director, Supplemental Food Programs Division
Food and Nutrition Service\USDA
3101 Park Center Drive
Room 528
Alexandria, VA 22302

LA-624

RE: Docket ID Number 0584-AD77, WIC Food Packages Rule

Dear Ms. Daniels:

Hurray for the WIC food package changes! I have worked for the WIC Program since 1976 as a new graduate in dietetics. Why would I stay with this program so long and feel so passionate about it? Because it is a great program and every day I feel like I have made a difference in someone's life. For me, every day is 'make a difference day'!

The new food package changes are for the most part terrific and will fit people's needs better than the previous package. The fruits and veggies and whole grains will be welcomed by our clients. The education that we will provide in addition to the example set by the food package, will be in tune with current recommendations for healthy eating.

I do have a couple concerns.

1. I don't very often find 6-8 month old infants drinking only 21 oz of formula a day. Of course I know WIC is a supplemental food program, but my concern is that parents will make up the difference with cow's milk. Twenty four ounces would be a more realistic amount as that cup gets started.
2. I would like to see breastfeeding moms be able to get a pound or 2 of powdered formula during the first month. A lot of these moms are feeling insecure, and I know they shouldn't supplement during the first month, but if given the choice between all or nothing, they might just choose a formula package and the number of infants being breast fed might actually go down.
3. The thought behind offering meats to breastfed infants is good but not many parents buy baby food meats. Infants in our area usually start on soft cut up meats from the family table.

4. I hope that our clients can use their fruit and vegetable drafts at the Farmers' Market during the growing season. The WIC/Farmers' Market connection is a good one and is becoming stronger with each summer that we offer Farmers' Market drafts to our clients.

In conclusion, I can't wait for the changes to take place. My objections are surely outweighed by the benefits of the new regulations. They will make for a better balanced food package for our clients and make our teaching of well balanced nutrition that much easier. They were a long time coming and there is much work ahead, but I am glad to see this change around the bend.

Thank you for your consideration.



Connie A. Eisch M.P.H., R.D., C.D.
Nutritionist, Wood County WIC Program
184 Second Street North
Wisconsin Rapids, WI 54494

NOV 04 2006

LA-632

Date: November 4, 2006

City: New Rochelle, New York

Organization: Sound Shore Medical Center of Westchester WIC Program

We are strongly supportive of the following proposed healthy dietary improvements to the WIC food packages:

- adding new foods such as fruits, vegetables, and whole grains;
- providing only lower fat milk to women and children over two years old; and
- offering soy beverage and tofu as alternatives to milk.

We have been waiting for these food package changes for many years. The existing WIC food packages are not culturally diverse and are not sensitive to the increasing health issues that our society is faced with today. These proposed food package changes are more consistent with the recommendations of the United States Dietary Guidelines and we are very thankful for these changes. Participants may be more eager to enroll into the WIC program if we offer these foods to them.

We disagree with not providing formula to breastfed infants for the first month. Although we promote and support exclusive breastfeeding, we perceive that the breastfeeding moms will tell us that they are not breastfeeding so they can receive formula. As a result, this can cause our breastfeeding rates to decrease. Our suggestion is to offer one to two cans of powdered formula then not to offer them any formula at all.

In addition, we disagree with the proposed package not allowing the partially breastfeeding mother who request more formula than the allow to receive a food package. This mother should continue to receive nutritious foods since she is continuing to breastfeed her baby.

NOV 01 2006

November 1, 2006

Ms. Patricia N. Daniels, Director
Supplemental Food Programs Division
Food and Nutrition Service
U.S. Department of Agriculture
3101 Park Center Drive, Room 528
Alexandria, VA 22302

LA-663

RE: Comments on WIC Food Packages Proposed Rule,
Docket ID Number 0584-AD77

Dear Ms. Daniels,

I appreciate the opportunity you have provided for comments on the USDA's proposed regulations revising the WIC food packages published in the Federal Register on August 7, 2006.


I attended the state of Alaska's state wide WIC coordinator's two weeks ago and was provided updated information on proposed changes. I am commenting on what I see important steps to take.

- Quickly implement the final rule so WIC families do not have to wait any longer for better WIC foods.
- Provide vouchers to purchase fruits and vegetables. Ideally this would be to the IOM recommended levels. However, the proposed voucher levels are an excellent start and should be immediately implemented. State flexibility to promote produce selections that are locally accessible, culturally appropriate, affordable, and practical for family situations: storage, preparations and cooking.
- Improve dietary intake including:
 - reducing juice and replacing it with infant food at 6 months to introduce infants to fruits and vegetables at the appropriate age.
 - Choice of soy product options without the proposed requirement of unnecessary and burdensome medical documentation.
 - Include whole grain bread and other grains allowing states to make substitutions for "wheat-free" cereals based on a medical prescription as a final rule.
 - Lower-fat milk and less cheese and eggs
- Stronger incentives for continued breastfeeding including:
 - less formula to partially breastfed infants and offering additional quantities/types of food for breastfeeding mothers.
 - the allowance of WIC providers to have the opportunity to enhance their support of exclusive breastfeeding by being allowed the option to provide the breastfeeding infant, in the first month, with 1) not formula, or 2) one can of powdered formula as recommended in the IOM Report. State would incorporate their option into their existing breastfeeding policies

- and procedures, which should include comprehensive and hands-on support by skilled, culturally competent WIC breastfeeding staff.
- Implement the fully breastfeeding, partially breastfeeding and fully formula-feeding food package changes be implemented concurrently without pilot testing.
 - Raise the cash-value vouchers for fruits and vegetables to the original IOM recommended amount of \$10 per month.
 - Allow states to make changes by food category or participant (package) category.
 - Include farmers' markets as WIC vendors for WIC fruits and vegetables with vendor requirements being seasonal and exempt from stocking the full package.

I look forward working with USDA and the WIC community to implement these excellent food package improvements. Healthy food choices will be made easier for low-income households impacting health of women, infants and children in Alaska.

Sincerely,



Margaret Parsons
Kenai WIC Coordinator
601 Frontage Rd. Suite 102
Kenai, AK 99611
907-283-4172

Helping People. Changing Lives.

Moses Stites
Chairperson

Roger Palomino
Executive Director

1920 Mariposa Mall, Suite 120
Fresno, CA 93721

NOV 06 2000

Patricia N. Daniels, Director
Supplemental Food Programs Division
Food and Nutrition Service, USDA
3101 Park Center Drive, Room 528
Alexandria, Virginia 22302

LA-686

Dear Patricia N. Daniels, Director:
Subject: Proposed Changes in the WIC Food Packages.

I am writing in regards to the proposed changes being made to the current food packages available to WIC clients. I am in total agreement with the addition of fresh fruits & vegetables, and whole-grain products. I have been a WIC Dietitian for the past 23 years. This is the first time any such changes have been proposed. These additional foods as well as the reduction of foods such as milk, cheese, eggs and juice will help better align WIC guidelines to match the dietary guidelines. I support providing stronger incentives to keep breastfeeding by providing less formula to partially breastfed infants and providing additional quantities/type of foods to breastfeeding mothers. I would like to see juices for infant being eliminated and replaced with complementary infant fruits and vegetables. I am in favor of providing only giving low fat milk for children two years old and for adults. I am very hopeful these changes will be come a reality.

Sharon Mikuni, R.D.